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PATENTS

TECH CENTER 1600/2900

Modified PTO 1083 For Other Than A Small Entity

:

Attorney Docket No. VPI/94-04CIP2DIV5

Examiner

D. Lukton

Group

1653

Applicants

Guy W. Bemis et al.

Appln. No.

09/886,773

Confirmation No.: 6928

Filed

June 21, 2001

For

INHIBITORS OF INTERLEUKIN-1β CONVERTING

ENZYME

EXPRESS MAIL CERTIFICATION

"Express Mail" mailing label number EV133107532US.

Date of Deposit October 24, 2002 .

I hereby certify that this transmittal letter and the other papers and fees identified in this transmittal letter as being transmitted herewith are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and are addressed to the Hon. Commissioner for Patents, P.O. Box 2327, Arlington, VA 22202.

Hon. Commissioner for Patents Washington, D.C. 20231

New York, New York October 24, 2002

TRANSMITTAL LETTER

šir:

Transmitted herewith: [] a Preliminary Amendment; [x] a Reply to Restriction Requirement; [] a Supplemental Amendment; [] a substitute Specification; [] a Declaration; [] a Supplemental Declaration; [] a Power of Attorney; [] an Associate Power of Attorney; [] formal drawings; to be filed in the above-identified patent application.

FEE FOR ADDITIONAL CLAIMS

- [x] A fee for additional claims is not required.
- [] A fee for additional claims is required.

The additional fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT	NUMBER PREVIOU	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE		ADDITIONAL FEES	
TOTAL CLAIM	s -	20*	=	0	x	\$18	=	\$	0.00	
INDEPENDENT CLAIMS	- -	3**	=	0	x	\$84	=	\$	0.00	
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM +						\$280	=	\$	0.00	
* If less than 20, insert 20. ** If less than 3, insert 3.						TOTA	L	\$	0.00	

- [] A check in the amount of \$____ in payment of the fee for additional claims is transmitted herewith.
- [x] The Director is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.16 in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.
- [] Please charge \$ _____ to Deposit Account No. 06-1075 in payment of the fee for additional claims. A duplicate copy of this transmittal letter is transmitted herewith.

EXTENSION FEE

[] The following extension fee is applicable to the Response filed herewith: []\$110.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a); [] \$400.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a); []\$920.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a); [] \$1,440.00 extension fee for response within

fourth month pursuant to 37 C.F.R. § 1.136(a); []\$1,960.00 extension fee for response within fifth month pursuant to 37 C.F.R. § 1.136(a).

- A check in the amount of [] \$110.00 [] \$400.00 [] \$920.00 [] [] \$1,440.00 [] \$1,960.00 in payment of the extension fee is transmitted herewith.
- The Director is hereby authorized to charge payment of any additional extension fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted [x] herewith.
- Please charge the [] \$110.00 [] \$400.00 [] \$920.00 [] \$1,440.00 [] \$1,960.00 extension fee to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is []transmitted herewith.

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Agent for Applicants

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